



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD FOR LICENSING CONTRACTORS**

500 JAMES ROBERTSON PARKWAY
DAVY CROCKETT TOWER, SUITE 110
NASHVILLE, TENNESSEE 37243-1150
TELEPHONE: 800-544-7693 OR (615) 741-8307 OR FACSIMILE (615) 532-2868
www.state.tn.us/commerce/boards/contractors

Pre-Approval for Plumbing Exam

Effective May 24, 2007, Senate Bill 0786 and HB 2122 requires plumbers to be pre-approved by the Board, prior to taking the mechanical plumbing exam (CMC or CMC-A) by providing evidence of three (3) years experience.

Please complete the attached "Exam Approval Request" form and send to the Board office. Upon receipt of proof showing three (3) years experience, the Board will send PSI, Inc. confirmation to approve an applicant's SS# for testing. This process takes less than three (3) business days and requests may be faxed to (615) 532-2868; or emailed to Faieth.Hooper@state.tn.us or you may mail to the address listed above. *Note: Please allow 5 to 7 business days for mail receipt.*

Legislation Summary: SB0786/HB2122 (Burchett and Odom)

AN ACT to amend Tennessee Code Annotated, Title 62,
Chapter 6, Part 1, relative to licenses of certain
contractors.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:
SECTION 1. Tennessee Code Annotated, Section 62-6-111, is amended by adding the following language as a new subsection (I): (I) Notwithstanding any other provision of law, rule or regulation to the contrary, to qualify for the Tennessee Mechanical Plumbing (CMC-A) License examination, a person must have three (3) years' experience as a plumber prior to taking the examination or have an engineering degree in plumbing or in a mechanical field.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.

This legislation may be reviewed on the website at: <http://www.legislature.state.tn.us/>

(Posted June 19, 2007)



State of Tennessee/Department of Commerce and Insurance
Board for Licensing Contractors
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Nashville, TN 37243-1150
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Fax: (615) 532-2868 – Website: www.state.tn.us/commerce/boards/contractors
Email: Faith.Hooper@state.tn.us

Plumbing Exam Pre-Approval Request

Applicant Information

Name: _____ SS#: _____

Address: _____

City _____ State _____ Zip Code _____
Telephone : (____) ____ - ____ Cell: (____) ____ - ____ Fax : (____) ____ - ____

Email Address: _____

Experience

1. Please attach proof from municipality, county or city permit office of plumbing work.
2. Are you an employee of a plumbing contractor? ☐ No ☐ Yes – License ID# _____
If yes, Name of Contractor: _____
(May attach copy of W-2 Form from plumbing contractor as evidence in lieu of verification on page 2)
3. Do you have an engineering degree in plumbing or the mechanical field?
☐ No ☐ Yes – Attach copy of documentation – (If yes, may be approved without page 2)

Notarize

I hereby certify, I am at least 18 years of age, have at least three (3) years plumbing experience and the information submitted within this application is true and correct, to the best of my knowledge.

Signature

Affirmed, witnessed and subscribed before me this _____ day of _____, 20____.

My Commission Expires: _____

Notary Public

Effective May 24, 2007, legislation requires individuals to be pre-approved prior to taking the mechanical plumbing exam. In order to be approved, you must submit evidence of three (3) years experience by attaching a copy of W-2; or a copy of plumbing license; or the verification form on page 2. Upon receipt, approval will be confirmed with PSI.

For Office Use

____ Approved – May take CMC-A or CMC Exam
____ Disapproved – Needs to provide evidence of three (3) years plumbing experience; need page: 2 3
____ Other: _____

Reviewed By _____ / _____ Date _____

____ - Sent to PSI, Inc. - ____/____/____

____ - Write letter(s) - _____

**PLUMBERS MUST SHOW EVIDENCE OF PLUMBING EXPERIENCE IN ORDER TO BE APPROVED
TO TAKE THE CMC-A/CMC MECHANICAL PLUMBING EXAM**

EXPERIENCE AND/OR LOCAL LICENSE VERIFICATION

Plumbing Applicant's Name: _____

Address: _____

Telephone:(____)____-____ **Cell:**(____)____-____ **Fax:**(____)____-____;

The above named applicant is required to submit proof of plumbing experience in the State of Tennessee as a requirement to be approved to take the CMC-A plumbing contractor's exam. Our Board appreciates your time and cooperation for your assistance. Please complete, sign and return to the plumber applying to take the exam.

PAST EMPLOYER, CONTRACTOR OR AGENCY COMPLETES & SIGNS

Form completed by:

___ **Employer/Plumber Contractor:** _____
or

___ **Licensing Agency** (County/City/Municipality Permit Office) - _____

Type of License: ___ Master ___ Journeyman ___ Apprentice ___ Not Applicable ___ Other: _____

Licensed By:

- ☐ Exam - Type & Score: _____ Date _____
- ☐ Endorsement- State/City/County _____
- ☐ Not Applicable: _____

Verification

It is my opinion, to the best of my knowledge, the above named plumber applicant has the following amount and type of plumbing experience:

Experience: ___ 0 – 12 months ___ More than one (1) year; ___ Three (3) years or more

Type of Plumbing: ___ Water Piping ___ Gas Piping ___ Water Heater ___ Backflow
___ Sprinkler and Fire Protection ___ Irrigation or Lawn Sprinklers ___ Sewage
___ Connection to Potable Water ___ Installation of Appliances ___ Fixtures
___ Other: _____

(SIGNATURE) (Print Name) (Title)

*Note: Plumbers requesting pre-approval may not sign for themselves; must come from person verifying experience.

(May attach W-2 form from plumbing contractor or copy of plumbing license from another municipality in lieu of this form)

Plumbing Work Experience

Name of Employer or Customer _____

Address: _____
(Mailing Address) (City) (State) (Zip Code)

Contact Person: _____ Telephone: _____ Fax: _____

Date of Employment: _____ to _____ Total: _____ / _____ / _____
(Beginning) (End) Years/Months/Weeks

Type of Work: _____

Name of Employer or Customer _____

Address: _____
(Mailing Address) (City) (State) (Zip Code)

Contact Person: _____ Telephone: _____ Fax: _____

Date of Employment: _____ to _____ Total: _____ / _____ / _____
(Beginning) (End) Years/Months/Weeks

Type of Work: _____

Name of Employer or Customer _____

Address: _____
(Mailing Address) (City) (State) (Zip Code)

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Date of Employment: _____ to _____ Total: _____ / _____ / _____
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